U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only				
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 306 7	2. Fiscal Year Covered From:			
	1/2005Through: 12/31/2005			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name Rick V. Welsh	Name Ironworkars Local III			
	Labor Organization File Number			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 1755-70th au-	Street 8000-29th Street Wast			
city Alado	city Rock Island			
State IC ZIP Code + 4 6/33/ 4	State IC ZIP Code + 4 61201 4			
5. Position in labor organization. Financial Secretary- Treasurer- Dusiness Managor				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Ccde + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 5-1-06  309-582-580 F				

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing to, or other organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name The Segal Company	a Labor Occasionitar
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any Suita 500	c. Employer
Street 101 North Wacker Drive	c. Employer
City Chicago	
State IL ZIP Code + 4 60606 - 1724 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.  Segal 15 the consultant on the
Name Ironworkers Tri-State Welfare Fund	Ironworkers Welfare Fund Trust.
Trade Name, if any:	Ironworkers Wellard Ind
P.O. Box, Bldg., Room No., if any P.O. Didwar M.	I was a trustee on this board.
Street 2350- East 170th 5treat	11.b. Approximate dollar value of such dealing.
city Lansing	12 a Nature of interest held or income received
State 77 ZIP Code + 4	Segal paid for rounds of galf
6043J K	at the Diction Council Meeting in
	Tune 2005 at Easle Ridge Resort in
	bolena, Ic. I played 2 rounds of Got
	12.b. Amount. \$500
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	
,	14.a. Nature of payment.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

File Number U-

Name of Person Filing

To whom it may concern:

To applying for this LM-30 filing being late. I am Slipped my mind until I was notified by Sogal Company that they were filing an LM-10 with this indermation in it.

Thank you RICK V. Welsh